LAKEVIEW MANOR

E5406	CTY	TRUNK	AA
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WEYAUWEGA 54983 Phone	e:(920) 867-2183	Ownership:	County
Operated from 1/1 To 12/31 Day	ys of Operation: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospit	tal? No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed	(12/31/04): 62	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/3)	1/04): 62	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	50	Average Daily Census:	48

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	24.0	
Supp. Home Care-Personal Care	No					1 - 4 Years	38.0	
Supp. Home Care-Household Services		Developmental Disabilities	0.0	Under 65	20.0	More Than 4 Years	38.0	
Day Services	No	Mental Illness (Org./Psy)	52.0	65 - 74	18.0			
Respite Care	No	Mental Illness (Other)	42.0	75 - 84	34.0		100.0	
Adult Day Care	Yes	Alcohol & Other Drug Abuse	2.0	85 - 94	28.0	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0	0.0		- Nursing Staff per 100 Resident		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	80.0			
Transportation	No	Cerebrovascular	0.0			RNs	12.0	
Referral Service	No	Diabetes	4.0	Gender	%	LPNs	9.0	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	40.0	Aides, & Orderlies	53.4	
Mentally Ill	Yes			Female	60.0			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay]	Family Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	8	18.6	137	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	16.0
Skilled Care	0	0.0	0	35	81.4	118	0	0.0	0	5	100.0	148	2	100.0	118	0	0.0	0	42	84.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		43	100.0		0	0.0		5	100.0		2	100.0		0	0.0		50	100.0

LAKEVIEW MANOR

Admissions, Discharges, and		Percent Distributior	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8		sistance of		Number of
Private Home/No Home Health	11.8	Daily Living (ADL)	Independent	One	Or Two Staff		Residents
Private Home/With Home Health	0.0	Bathing	10.0		22.0	68.0	50
Other Nursing Homes	41.2	Dressing	22.0		26.0	52.0	50
Acute Care Hospitals	29.4	Transferring	32.0		50.0	18.0	50
Psych. HospMR/DD Facilities	11.8	Toilet Use	22.0		28.0	50.0	50
Rehabilitation Hospitals	5.9	Eating	60.0		16.0	24.0	50
Other Locations	0.0	*******	******	*****	******	*******	*****
Total Number of Admissions	17	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Exterr	al Catheter	4.0	Receiving Resp	iratory Care	4.0
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	74.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	54.0	Receiving Suct	ioning	0.0
Other Nursing Homes	13.3				Receiving Osto	my Care	2.0
Acute Care Hospitals	13.3	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	6.7	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	60.0
Rehabilitation Hospitals	0.0					-	
Other Locations	6.7	Skin Care			Other Resident C	haracteristics	
Deaths	60.0	With Pressure Sores		10.0	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		16.0	Medications		
(Including Deaths)	15				Receiving Psyc	hoactive Drugs	82.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Gov	ernment	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	90	Ratio	9	Ratio	9	Ratio
Oggunangy Pata: Average Pails Congue/Liganged Pada	77.4	87.2	0.89	88.5	0.87	87.7	0.88	88.8	0.87
Occupancy Rate: Average Daily Census/Licensed Beds									
Current Residents from In-County	66.0	54.3	1.22	72.5	0.91	70.1	0.94	77.4	0.85
Admissions from In-County, Still Residing	58.8	25.2	2.33	19.6	2.99	21.3	2.76	19.4	3.03
Admissions/Average Daily Census	35.4	55.2	0.64	144.1	0.25	116.7	0.30	146.5	0.24
Discharges/Average Daily Census	31.3	59.6	0.52	142.5	0.22	117.9	0.27	148.0	0.21
Discharges To Private Residence/Average Daily Census	0.0	21.2	0.00	59.0	0.00	49.0	0.00	66.9	0.00
Residents Receiving Skilled Care	100	87.1	1.15	95.0	1.05	93.5	1.07	89.9	1.11
Residents Aged 65 and Older	80.0	87.7	0.91	94.5	0.85	92.7	0.86	87.9	0.91
Title 19 (Medicaid) Funded Residents	86.0	77.9	1.10	66.3	1.30	68.9	1.25	66.1	1.30
Private Pay Funded Residents	10.0	16.8	0.60	20.8	0.48	19.5	0.51	20.6	0.49
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	94.0	46.5	2.02	32.3	2.91	36.0	2.61	33.6	2.80
General Medical Service Residents	0.0	21.0	0.00	25.9	0.00	25.3	0.00	21.1	0.00
Impaired ADL (Mean)	57.2	44.6	1.28	49.7	1.15	48.1	1.19	49.4	1.16
Psychological Problems	82.0	66.5	1.23	60.4	1.36	61.7	1.33	57.7	1.42
Nursing Care Required (Mean)	11.5	8.7	1.32	6.5	1.78	7.2	1.59	7.4	1.55